Exhibit C

SUPERIOR COURT OF THE STATE OF CALIFORNIA
COUNTY OF SAN DIEGO
- - -

MABVAX THERAPEUTICS HOLDINGS, INC.,

Plaintiff,

vs.

BARRY HONIG, et al.,

Defendants.

No. 37-2019-00018398 CU-SL-CTL

DEPOSITION OF
JOHN DAVID HANSEN, VOLUME I
Monday, January 17, 2022

Reported By:
MICHELLE K. BAILEY
RPR, CSR No. 10713
Job No. 5032741
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MABVAX THERAPEUTICS HOLDINGS, INC.,	)	
Plaintiff,	)	
vs.	)	No. 37-2019-00018398 CU-SL-CTL
BARRY HONIG, et al.,	)	
Defendants.	)	

Deposition of JOHN DAVID HANSEN, VOLUME I, taken on behalf of the Defendants, beginning at 9:07 a.m., and ending at 6:05 p.m., on Monday, January 17, 2022, before MICHELLE K. BAILEY, RPR, CSR No. 10713.

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Barry Honig
John Stetson
Mark Groussman
Michael Brauser

I N D E X

WITNESS: JOHN DAVID HANSEN

E X H I B I T S

I N D E X
(Continued)

E X H I B I T S

I N D E X

(Continued)

MONDAY, JANUARY 17, 2022

9:07 A.M.

THE VIDEOGRAPHER: Good morning. We are now on the video record at 9:07 a.m., on January 17th, 2022. This begins Media 1 in the remote video deposition of John David Hansen, taken in the matter of MabVax Therapeutics Holdings, Incorporated, versus Barry Honig, et al. This case is filed in the Superior Court of the State of California, in the County of San Diego.

This deposition is being held via Zoom video conferencing. My name is Jordan Bruce, and I'm the videographer. And the court reporter is Michelle Bailey, both on behalf of Veritext.

Please note that all appearances will be noted on the stenographic record.

And now would the court reporter please swear in the witness.

JOHN DAVID HANSEN,

having first been duly sworn

by the reporter, was examined

and testified as follows:

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primarily, with one of the principals of Objective Capital, David Crean, to contact and to follow up with all the folks that we had started to have engagement with. So the BioNTech opportunity sort of came out of the blue from -- actually, from Green Hill.

BY MR. WEBER:

Q. Okay.

And when was that conference in San Francisco? The one in January of 2019?

A. Yeah. It was in the first full week of January of every year.

Q. Okay.

Who did you meet from BioNTech at that meeting?

A. I primarily met with Dr. Ugur Sahin. Dr. Sahin is the CEO, founder of BioNTech. And his chief operating officer, chief commercial officer, whose name right this minute escapes me, but he was in the executive committee. And I met with the two of them only.

Q. Okay.

I'll follow-up about that a little bit later. I'm going to switch gears right now.

Going back to something that we spoke about early this morning. During 2018, MabVax was conducting its phase 1 study in which it was combining its 5B1

antibody with the chemotherapy drug and -- what was the name of the chemotherapy drug again? Paclitaxel, something like that?

A. You can use the word "GemNab" as your abbreviation.

Q. GemNab. Okay. That's easy.

Was MabVax -- during 2018, was MabVax doing any other clinical studies besides that one? Were there any other studies going?

A. 2017, I believe that we had dosed one or more patients in the radioimmunotherapy trial, and I believe that there was still some work that was being done in the imaging trial. But the bulk of our effort was the phase 1B trial, which was the antibody with the chemotherapy.

Q. Phase 1B. That's right. You said that this morning.

During that phase 1B trial -- well, let me ask you this.

How many patients were involved in the phase 1B?

A. I wish I -- off the top of my head, I don't remember exactly. But it was in the high teens to early 20s or so.

Q. Okay.

And was that study being led by a doctor at MSK?

A. The principal investigator was Dr. Eileen O'Reilly, who was the head of the pancreatic cancer treatment program at MSK. But there were three other investigators as well from Sericanan (phonetic), two sites in Sericanan, one in Arizona and one in Florida. And HonorHealth in Arizona.

Q. How did patients get enrolled in that study? What was the process by which patients were enrolled?

A. So any time you start a clinical trial, you have to have an extensive and documented protocol. The protocol has to be approved by the -- each of the sites' medical and scientific review committee. And then once that's done, there is a green light given that the investigator can enroll patients.

So the patient has to meet a fairly strict criteria as to whether they're eligible to be enrolled or not. And then usually there's a workup period where the patient is evaluated as to whether they meet all the criteria. We lose a lot of patients during the workup period because the disease moves so quickly that when they first talk to the patient about entering the trial, things change. But, nonetheless, we were able to slowly enroll patients into the trial at all sites.

Q. And what -- so one of the sites was MSK -- I'm sorry. One you said was in Phoenix?

A. Well, there was HonorHealth in Scottsdale, Arizona. There was Sericanan in Nashville, Tennessee, and another Sericanan site in Florida.

Q. And so if -- again, forgive me for using the laymen's description of this. But if a doctor at one of those sites had a patient in which the doctor thought was a candidate for this trial by meeting the various criteria and protocol, what would happen, just procedurally? Would that doctor talk to the lead investigator? Or how did somebody get involved?

A. Well, we had a medical monitor, external medical monitor. And -- so the patient's particulars were forwarded over to the medical monitor. And if the medical monitor and the onsite investigator agreed that the patient met the criteria, then the patient could be enrolled at the investigator's discretion.

Q. Who was the medical monitor for this phase 1B site?

A. John Gutheil.

Q. How do you spell that last name?

A. G-u-i-t-i-l-e [sic], I believe.

Q. And where was John Gutheil located?

A. He ran a small boutique clinical research

organization in San Diego that we were utilizing. They specialized in oncology studies.

Q. He's in San Diego.

A. Yes.

Q. So -- now a patient is enrolled in this phase 1B trial, how often were each patient monitored? Did they go for regular checkups? What happened? I guess this would be part of the protocol; right?

A. That's exactly right. So they're monitored at least in person monthly and probably by telephone weekly. And then there's a complete workup that is done at the end of every second month of therapy. And the patience is then, has a full scan, X-rays, contrast -- CT scan, to look for what's happening with the disease and whether tumors are growing or not growing or shrinking. And there's a whole -- again, part of the protocol is how to measure that and validate it. So that's what's been done.

Q. I understand.

And was all that information collected and sent to somebody at MabVax to keep track of, or was it the lead investigator, Dr. Eileen O'Reilly, who was keeping track of --

A. No. Actually, it all goes to the clinical trial organization that we had contracted to receive all

that information and keep track of it. Certainly each of the sites kept track of their own patients. But, centrally, all that information was centralized in the clinical trial organization, which is called SciQuus.

Q. And how do you spell SciQuus?

A. S-c-i-q-u-u-s.

Q. I'm sorry. S-c-i-q-u --

A. -- u-s. There's two u's.

Q. Oh. Okay.

Where is SciQuus located?

A. That's San Diego. That's where John Gutheil is.

Q. Oh. Okay. So -- got it.

At some point in 2018, there were adverse events that occurred; correct?

A. Actually, there were adverse events in 2017. So the history of that clinical trial is of the first three patients enrolled in the trial, two had developed something called pneumonitis, which is an inflammation of the lungs. It was evaluated at that time. There was, as always, a meeting of the investigators along with the medical monitor to review the data.

The conclusion of the investigators was that pneumonitis is -- while not common, does occur quite frequently with, you know, therapies. And since we

haven't seen pneumonitis in our antibody-only trial, the decision was to continue to move forward with the trial.

Q. You were going to continue?

A. No. Go ahead.

Q. Okay.

So those two patients presented to pneumonitis in 2017?

A. Yeah. They were right at the beginning of that trial.

Q. Okay.

When was the beginning of the trial, if you can recall?

A. I don't remember exactly. But that would be -- since we didn't complete the phase 1A portion of the trial until late 2016, I can only be thinking that it started sometime in the first quarter of 2017 when we established a dose for that trial.

Q. Were there other adverse events that arose after the pneumonitis adverse events?

A. Yes. There was one more in early '18, which brought together all of the investigators and the medical monitor once again to evaluate that. And, again, the medical monitors and the clinicians decided to continue the trial.

Q. What was that event in 2018?

A. Again, pneumonitis.

Q. So this was a third patient that had suffered the same condition?

A. Yes.

Q. When you say the investigators came together to discuss -- let's see what you said.

"Brought together all of the investigators and medical monitor to evaluate that."

How were they brought together? Did they meet in person? Was it a teleconference? This is the era before Zoom, believe it or not. That existed. So what happened?

A. Well, there's ongoing usually weekly or biweekly meetings with the investigators. And most of the time it's to review the current patients that are on treatment, to look at the number of patients who may be eligible to be enrolled. There's always some additional information that either the clinical research organization puts together or MabVax put together to provide further background and then to give the investigators some analysis for some of the things that they see, that -- that we all saw in clinical trial.

So in this particular case, after the first two patients had pneumonitis, there was a whole -- several cohorts of patients who did not develop any kinds of

pneumonitis or other situation but did have dramatically positive results from the combination trial. And by that I mean that in the naked antibody trial, we were seeing patients who had stable disease, meaning that we could document that the tumors were not growing.

In the combination trial, we were able to document that patients had tumor or tumor load that was shrinking by sometimes 75 percent or 50 percent. So we had significant responses to the combined therapy. And that was highly encouraging to the investigators, which was the reason why when the third pneumonitis case came up in early 2018, they evaluated all of the information that was available and decided that, based on the positive information that was being generated of the trial, they wanted to continue.

Q. Okay.

After the third occurrence of pneumonitis, were there other adverse events that arose during the phase 1B study?

A. The answer is primarily no, meaning that no serious or adverse events arose while we continued to enroll patients. The last and final patient encountered pneumonitis in August of 2018, which precipitated, again, yet another meeting with the investigators and with medical monitor.

And it is at that time that all of the investigators wanted us to, meaning MabVax, to suspend the trial and begin work on using an alternative -- instead of chemotherapy -- to be combined with the antibodies. They were very encouraged by the results that were seen. But pneumonitis is serious enough that you want to be very careful about entering into a treatment regimen that may precipitate it.

Q. So there was fourth patient who experienced pneumonitis? Is that what you said?

A. Yes, in August of 2018.

Q. And how was that brought to your attention, you, David Hansen?

A. Well, since I was on all the telephone calls and we received all of the -- any time there's a what you would call a serious interaction or event, all of that is immediately faxed into the company. And the company is obligated to report that to the regulatory agencies as a matter of record.

Q. So did the company, MabVax, send that information to the regulator following the first three instances of the patient suffering pneumonitis?

A. Yeah. Any time there's what's called a serious adverse reaction, you're obligated to send that information in. That's the standard operating

procedure, especially in an early stage clinical trial.

Q. So when you say "the regulator," that's the Food and Drug Administration in this case?

A. Yeah. Yes, it is.

Q. Okay.

Okay. I can move on.

MR. WEBER: Sorry. I just messed up my screen big time. Hold on. Don't worry about that.

Okay. I've marked as Exhibit 21 the second amended complaint in this case.

(Exhibit 21 marked)

BY MR. WEBER:

Q. Have you ever read it?

A. Is that a question you were directing at me?

Q. Yes, sir.

A. Okay.

MR. SHAPIRO: Asked and answered.

BY MR. WEBER:

Q. What's your answer?

A. Yes.

Q. Thank you.

There is a -- and I'm not necessarily going to direct you to any particular paragraph of this unless you need me to to refresh your recollection on something. There is a reference in the complaint to an